

CHEMIST & DRUGGIST

The newsweekly for pharmacy

December 13, 1986

a Benn publication

NPA's Astill
among 13
new Fellows

A single error
'misconduct'
confirms judge

Three newsagent
pharmacies open
in East Anglia

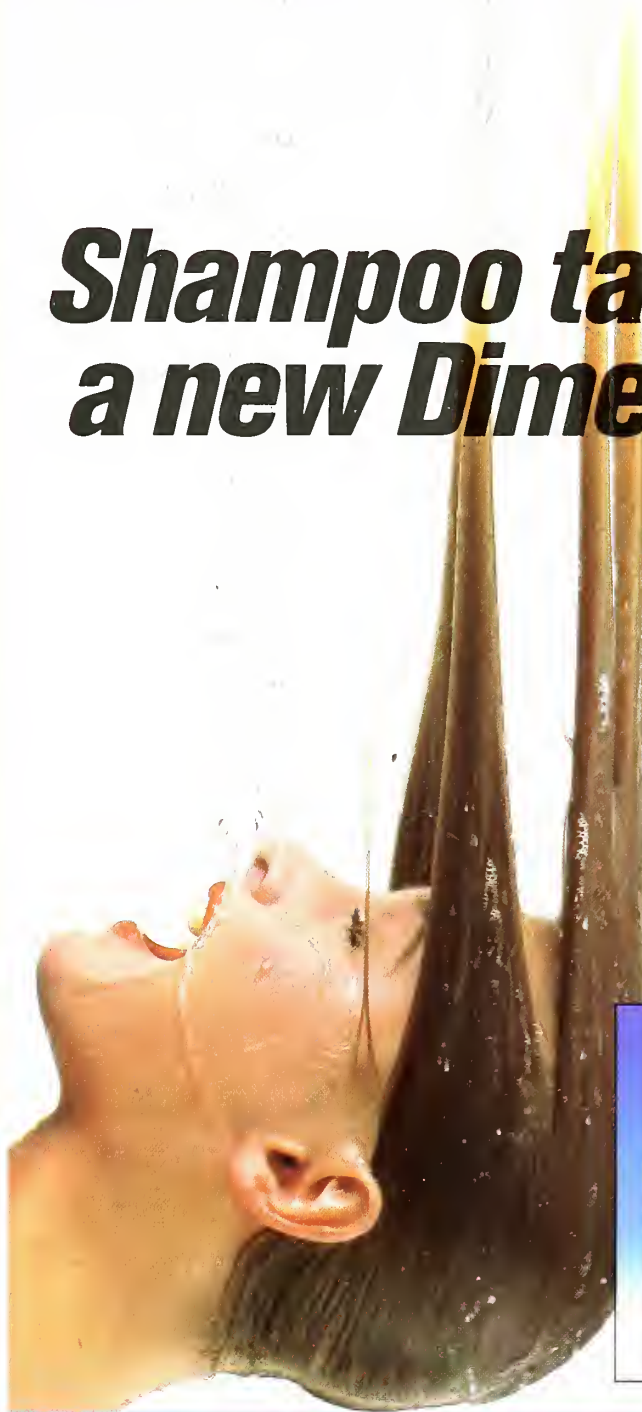
Pharmacy puts its
case to DHSS on
health care

Pharmacy gets
'smart' with
patient records

Vestric see
end to drug
store growth

AIDS
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COMMENT

When *C&D* published the feature "AIDS: a guide to pharmacists" well over a year ago (October 19, 1985, p715) we commented that hardly a day was passing without a newspaper story on AIDS. Since then, the flow of words has continued unabated. How reassuring that the Government has recognised the part pharmacists can play in implementing the only cure — prevention by health education. It has been suggested, perhaps naively, that the disease could be eradicated in a matter of years if every infected individual vowed not to infect anyone else. While not suggesting pharmacists should attempt to change human behaviour overnight, they can at least — as with other health education campaigns — encourage people to become more responsible for their own health.

With the AIDS issue uppermost in the public's mind, it is essential that pharmacists make themselves fully aware of



scientific and political developments as they occur, so they will feel competent to give advice when the Government's publicity campaign gains momentum in the New Year.

This week *C&D* is publishing an AIDS bulletin (p996) updating last year's feature. An interview with pharmacists at St Stephen's Hospital, London, one of the UK's main treatment centres, illustrates how the profession has taken a lead in providing a service to AIDS patients. As the disease spreads, community pharmacists will take on further responsibilities in

advising both patients and doctors alike on the complex drug regimens involved.

One or two issues in the anti-AIDS campaign are bound to be controversial, for example the supply of free condoms through pharmacies. The Government is still considering whether this would be worthwhile, given that condoms are already widely available at low cost. The supply of free needles and syringes for drug addicts is likely to be more controversial. While some pharmacists are already operating a "new for old" scheme, many others would be reluctant to do so.

Whatever ways pharmacists may be called on to help combat the spread of AIDS, they have created an environment, through the NPA advertising campaigns and in primary health care discussions, in which the public and politicians expect them to deliver the goods. If they fail to deliver, they will not get a second chance.



NPA's Tim Astill among 13 new PSGB fellows

Thirteen pharmacists were elected Fellows of the Pharmaceutical Society at this month's Council meeting, including National Pharmaceutical Association director Tim Astill.

Four community pharmacists were elected FPS, among the 11 pharmacists honoured for distinction in the profession of pharmacy. One FPS was awarded for distinction in practice, and one for distinction in science.

Mr Astill qualified in 1966 from the Chelsea School of Pharmacy, London. He then joined Boots in Nottingham where he worked in tableting and sterile product manufacture, and as training officer in the personnel department; then he was manager of one of the company's Nottingham branches.

In 1969 Mr Astill joined the NPA as personal assistant to director Jo Wright. He became deputy director in 1974 and took over as director in 1981. Fellow pharmacists who receive FPS in this category are:

Mr Kenneth Davies, a community pharmacist from Caerphilly, Mid Glamorgan, and qualified in 1951 and has been active in serving Society and NHS committees.

Mr Donald Davison, chief executive and superintendent pharmacist of National Co-operative Chemists, qualified in 1944 and lives near Manchester.

Mr Ivor Deitsch, a community pharmacist, from Richmond, Surrey, qualified in 1964 and has been very active in serving Society and NHS committees.

Mr Patrick J. Gilbride, a community pharmacist, from Polickshields, Glasgow, is immediate past chairman of the Scottish Pharmaceutical Federation, and has been

a member of its executive council since 1977. He qualified in 1959.

Mr David W. Gration, founder and chief executive with Boots — Celltech Diagnostics and former marketing director with Wyeth Laboratories, qualified in 1960, and lives in Didcot, Oxon.

Mr George B. Kirkwood, Scottish area manager for National Co-operative Chemists. Mr Kirkwood has been a member of the Pharmaceutical General Council since 1975. He lives in Cairneyhill, Dunfermline, and qualified in 1956.

Dr Peter A. Linley, admissions tutor for the school of pharmacy, University of Bradford, qualified in 1962 and lives in Shipley, West Yorkshire. He has been active at branch and regional level of Society committees.

Mr James McAinsh, general manager, May & Baker qualified in 1951. He is vice-president of the ABPI and chairman of the ABPI Advisory Group for the Centre for Medicines Research.

Mr Graeme H. Le Quesne, a community pharmacist, from Grouville, Jersey, qualified in 1966, is immediate past chairman of the Jersey Branch of the Society, and has been active in negotiations with the States of Jersey Social Security Department.

Mr Alexander G. Stewart, head of the pharmaceutical licensing branch, DHSS, qualified in 1959 and lives in Brentwood, Essex.

Professor Jeffrey R. Brown, dean of the faculty of pharmaceutical sciences, Sunderland Polytechnic, qualified in 1966 and lives in Sunderland.

Mr Ian W. Marshall, District Pharmaceutical Officer, Leeds East Health Authority, qualified in 1966 and lives in Leeds. He has been active on NHS Committees.

measure of the failure of the NHS to meet all needs." It adds that the increasing incidence of side-effects from drugs must encourage a search for alternatives.

In a clear declaration of Liberal policy the panel's report states: "Provided such treatments can be proved to be successful, they should be available for NHS patients subject to the same requirements of proof of safety as applies to traditional forms of treatment. Clinical trials should be carried out more extensively, but an extension of choice in this way could be introduced only gradually".

Liberals want alternatives

Wider use of alternative forms of medicine within the NHS, subject to appropriate safeguards, is being advocated by the Liberal Party's health panel.

Commenting on the apparent increase in demand for homoeopathy, herbalism, acupuncture and osteopathy the panel asserts that this is "to some extent a

'Smart' patient records trial

A pharmacist in Wales has won a £55,000 Department of Health grant to research the value of a "smart card" for carrying patient records.

Dr Robert Stevens, a lecturer at the Welsh School of Pharmacy, UWIST, has developed a credit card sized piece of plastic with a 16k computer-readable microchip attached to it, capable of carrying medical details of patients.

The DHSS grant is to be used for a trial involving 3,000 patients in Rhydyfelin, near Pontypridd, who visit Alan Crabbe's pharmacy and attend the surgery nearby.

Dr Stevens originally developed a plastic key to hold the information — called Medlock — but this had limited space for information so he progressed to the credit card or "smart card".

The card can carry details of patient name, age class, sex, address, drugs being taken (prescription and OTC) plus other information such as allergies, chronic health conditions that might affect OTC purchases eg diabetes and donor status, etc.

In the pharmacy the card can be read using a coding/decoding device linked to a microcomputer. The card may also eventually help with labelling since it carries the drug name, form, strength and dosage instructions. So when a pharmacist dispenses a preparation he should be able to transfer the card's information to a label on his pharmacy printer.

Dr Stevens told C&D the UWIST trial will try to determine the acceptability of the "smart card", whether it might help reduce prescribing errors, particularly on repeat prescriptions, and whether the scheme as a whole is viable.

Dr Stevens said that of some 1,300 people who have so far been offered a card only three have refused it.

PGC sees draft regulations

The Pharmaceutical General Council has at last received a draft of the Regulations to introduce limitation of contract in Scotland.

Secretary Dr Colin Virden said that at first glance they appeared the same as those presented by the DHSS to the PSNC. The PGC was meeting on Wednesday to discuss the draft in detail, but no meeting has yet been fixed with the Scottish Home and Health Department.

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Judge confirms misconduct for a single error

A High Court judge has ruled that a single error of judgment may constitute professional misconduct if it is sufficiently serious.

Mr Justice Webster dismissed an application by pharmacist Wilson Sokoh, for a judicial review of a Statutory Committee decision made on March 26, 1985. Mr Sokoh was found guilty of professional misconduct and it was ruled that he be reprimanded.

The case concerned the dispensing by Mr Sokoh of a Brompton mixture for a patient who was very ill and dying of cancer. The prescription indicated that the mixture was to be administered 5-15 ml as required for pain. The pethidine ingredient was stated as "50mg in 1ml". It later transpired that the doctor had intended a pethidine content of 50mg per 15ml of the final mixture.

The case against Mr Sokoh was that he should have been alerted to the possibility that a mistake had been made in the prescription and he should have checked with the doctor before dispensing.

Mr Sokoh checked his reference books and found that normal pethidine dosage was 50mg to 150mg every four hours. He calculated that that would constitute a daily maximum of 900mg and that the prescription would have allowed 250mg to 750mg of pethidine per dose.

Mr Sokoh therefore directed that the mixture should be administered in 5ml doses and that a maximum of three such doses be taken in 24 hours. The patient died after he had taken three doses. At the

inquest, a verdict of accidental overdose of pethidine was returned.

The Committee decided that although the prescription was not as clear as it could have been, the strength of the medicine was such that it called for careful inquiry by Mr Sokoh and a check with the doctor. Failure to make such inquiries amounted to misconduct as a pharmacist.

Before Mr Justice Webster in the High Court, it was argued on behalf of Mr Sokoh that a single, considered exercise of professional judgment, without more, could not amount to misconduct and that professional misconduct involved an act or omission deserving of moral condemnation by the profession.

Mr Justice Webster said that he found it unhelpful to define misconduct by reference to any adjective having moral overtone. He said that misconduct was to be defined as incorrect or erroneous conduct of any kind provided it was of a serious nature. The seriousness was to be judged according to the written or unwritten rules governing the profession.

He also found that one error could, in law, constitute misconduct if it was sufficiently serious, and that would depend on the precise evidence and the Committee's view of the evidence.

The Committee had properly reached its decision, on the evidence before it.

■ Mr Sokoh was supported in his appeal by the Chemists' Defence Association, only the third time in 17 years it has supported an appeal against a Statutory Committee decision. Such action is only taken when the CDA feels it is a matter of principle, and in the interest of all members, rather than individuals, says NPA director Tim Astill. It feels some moral turpitude should be involved in a misconduct ruling.

An appeal is being considered.

Health Minister Tony Newton, in a Commons written reply to Stoke MP Jack Ashley, said: "It was clear that there had been confusion and misunderstanding between the company and the doctors at St Thomas's about the basis of clinical trials at the hospital. The company was given strict instructions regarding the improvement of these procedures."

In a further reply, Mr Newton said that both doctors at St Thomas' and Sterling-Winthrop made procedural errors. "However, it is clear that these irregularities did not expose these severely ill patients to additional risk." The Health Minister did not consider any further investigation of clinical data was necessary: "a Product Licence had never been issued for amrinone, nor is an application with the Department."

Ordered to pay legal costs

A pharmacist who was jailed for setting fire to his pharmacy in Knutsford has been given three months to pay £40,000 legal costs.

Chairman of the bench, Sydney Hulme, warned John Paraskevas last week that if the money was not paid by then he would be back behind bars.

Paraskevas was ordered to pay the £40,000 at Knutsford Crown Court in June 1984 when he was convicted of arson, damaging property and attempting to obtain £130,000 insurance money by deception.

At Knutsford Magistrates Court last week Mr Hulme told him he was in a position to pay the costs after his conviction.

"You neglected to do so and allowed your assets to be dispersed so that when you were released from prison you were destitute and in a position to avoid the court order. This court is convinced it was a pre-meditated action," said Mr Hulme.

Mr Simon Armstrong, defending, had applied for the crown court's consent to squash the £40,000 legal costs. However Judge Robin David, who tried Paraskevas, refused to remit the order. Paraskevas was jailed for seven years for setting fire to his pharmacy in Princess Street in 1982.

Mr Armstrong had explained to magistrates that shortly after Paraskevas began his prison sentence his wife divorced him and went on to acquire an £81,000 share of her husband's property. That, coupled with legal fees and the redemption of his mortgage, had left Paraskevas with about £500, said Mr Armstrong. At an earlier court hearing he had described the order as "misconceived".

Paraskevas told the court that since he had come out of prison he had been claiming social security and had no savings.

Paraskevas was given a three-month suspended prison sentence. Mr Armstrong said he intended to apply to the Court of Appeal for the remission of the costs.

Rentokil can offer a sharps disposal service to pharmacists involved in "new for old" needle and syringe supply schemes for drug addicts. A DHSS-approved sharps disposal box is delivered, collected when necessary and disposed of. The service, which costs £1 a week per box, can be tailored to meet the needs of the individual. *Rentokil Sharps Disposal Service, Felcourt, East Grinstead, West Sussex.*

Amrinone trials cleared twice

Two full investigations, in 1983 and 1985, into the activities of Sterling-Winthrop relating to their heart drug amrinone, found insufficient evidence to prosecute the company for a breach of medicines legislation.

A *Guardian* article on November 3 focussed attention on clinical trials with amrinone conducted at St Thomas's Hospital in the early '80s. The doctors involved alleged that Sterling-Winthrop tried to suppress unfavourable clinical trial results, a claim denied by the company (*C&D* November 8, p776).

Pharmacy puts its case to DHSS

The "primary health care roadshow" came to an end this Wednesday as *C&D* went to Press, with the final consultation meeting, on pharmaceutical services, being held at DHSS offices in London.

The profession, represented by the Society, the NPA and the PSNC, were giving evidence to a panel consisting of Health Minister Tony Newton, Under Secretary Edwina Currie, and deputy chief medical officer Michael Abrams.

Each of pharmacy's three bodies have had over six months to formulate their response to the Government's Primary Health Care Agenda — the Green Paper or "blue book". All three groups were expected to make some similar points.

Among these were:

- The training of today's pharmacist makes him ideally situated to advise the public on symptoms, act as a focus for the provision of health education, and give advice to prescribers on the use of drugs.
- The profession welcomes the fact that the Green Paper included many recommendations of the independent Nuffield Inquiry as a basis for the future role of the pharmacist.
- Contact with the public is enormous, with six million customers every day.

In its own submission, the NPA emphasised:

- That aside from a pharmacist's professional responsibility to the patient in dispensing a prescription, the courts did not hesitate to penalise a pharmacist for an incorrect supply, or the wrong advice on dosage, even when following the doctor's orders.
- The "Ask Your Pharmacist" campaign has raised public awareness of the pharmacist's role, and the Consumer's Association had reported that the quality of the advisory service has improved; further improvement is a constant goal.
- The accessibility of community pharmacies made them the perfect location for the dissemination of health education literature; the "Health care in the high street" campaign has been a modest start.

■ There should be at least one pharmacist on the body which will replace the Health Education Council next Spring.

PSNC's opening remarks focussed on the additional roles pharmacists could undertake following Nuffield and the Green Paper. Points raised included:

- An extended role for pharmacy can only happen if there are sufficient pharmacists within community pharmacy.

There has to be encouragement with an additional pharmacist allowance, which would be at nil cost because of redistribution of prescription money encouraging large volume dispensing pharmacies to employ extra pharmacists.

■ Postgraduate section 63 funding which has recently been doubled, should be ongoing and improved to give complete reimbursement of locum cover.

■ If patients are to benefit from an efficient pharmacy service, pharmacies need a firm financial basis and a rational and stable distribution.

■ No profession should be expected to take on additional work without additional payment.

Among the things the Society highlighted were:

■ Discussions on improving local contact between doctors and pharmacists, as suggested by Nuffield, have begun.

■ Pharmacists have a role to play in the treatment of the elderly and the housebound. If elderly patients were to be encouraged to register with a particular pharmacy, medication records held in that pharmacy would be valuable.

■ The advice given by pharmacists to patients about minor symptoms lightens the load on NHS resources; to enable this to be maximised, pharmacists should have available the widest possible range of effective medicines to recommend. A more active system for reviewing POMs for pharmacy sale should be considered.

■ Regulations under Section 66 of the Medicines Act are required to prevent the registration of unsatisfactory premises.

■ The Society itself must set standards of practice.

■ On supervision, Council is seeking to redefine practice standards to allow pharmacists additional time for Nuffield's "extended role". The public interest is of prime concern.

Among the other contributors to the meeting were Nuffield Inquiry chairman Sir Kenneth Clucas, the General Medical Services Committee and the Patient's Association. A full report will appear in *C&D* next week.

Mrs Edwina Currie enlivened the morning session with vigorous questioning on the dispensing doctor issue. During questions to the GMSC she asked: "Is the dispensing doctor filling a gap that might be filled by a pharmacist? Since a doctor costs the NHS substantially more, and covers a broader range of work, is it not economic to get pharmacists to do *their* work, and doctors *theirs*?"

GMSC chairman Michael Wilson said dispensing doctor income was included in the total GP remuneration calculations. "Dispensing GPs are providing a more complete service," he said.

New drug tried in AIDS

Warner Lambert in the USA are investigating the use of trimetrexate in AIDS.

This new anti-tumour agent has shown efficacy in clinical trials against non-small cell lung cancer. The company believes it has potential for treating the opportunist infections of AIDS, such as toxoplasmosis and *pneumocystis carinii* pneumonia. Early experimental studies indicate a 70 per cent success rate with AIDS patients suffering from *pneumocystis carinii* when treated with trimetrexate combined with the folate substitute leucovorin.

GP dispensing cheaper?

Dr David Roberts, chairman of the Dispensing Doctors Association, has been making the news again.

"Cost-conscious GPs beat pharmacists at own game" screams the headline in Doctor magazine.

Dr Roberts, speaking at the DDA's annual conference, is reported saying that dispensing doctors saved the NHS around £6m in 1985/86. Dr Roberts says that this was not because chemists are more expensive, but because dispensing doctors are more cost-conscious. If all doctors dispensed, savings could equal £70m a year, he says.

This view runs somewhat contrary to figures from the Prescription Pricing Authority. Figures for the year to March 1985, show that the 323 million prescriptions dispensed by chemists and appliance contractors cost £4.48 each, while the 20.75 million prescriptions dispensed by doctors cost £5.03 each. The 1.75 million items personally administered by prescribing doctors cost £3.66 each.

The DDA conference also decided that the dispensing form should be abolished.

"British Pharmacopoeia 1980 Amendment No 6", ISBN 0 11 321073, 6, (price £0.70) is now available from Her Majesty's Stationery Offices. And details of changes to the Medicines (Exemptions from Restrictions on the Retail Sale or Supply of Veterinary Drugs) Order 1985, including reductions in merchants' registration fees, are contained in SI 1986 No 1997 The Medicines (Exemptions from Restrictions on the Retail Sale or Supply of Veterinary Drugs) (Amendment) (No 2) Order 1986, also available (price £3.40) from HMSO.

Pharmacies open in newsagents

The first three in-store pharmacies operating in premises owned by East Anglian newsagents Paper Shops, are now trading.

The franchises — two in Norwich, one in Bury St Edmunds — are operated by In-Store Pharmacy Ltd, who already have three Medicare franchises in the Thames Valley. C&D understands that the pharmacies are offering professional services only. The In-Store Pharmacy in New Costessey, Norwich, is in an area that has been reclassified "urban."

Premises up 50

Another 50 premises were added to the Pharmaceutical Society's Register in November. After increases of 51, 59 and 50 in the last three months, the total is 11,698.

There was a net increase of 38 in England (excluding London), with 53 additions and 15 deletions. Scotland was up three, with four added and one lost; Wales was up two, three added, one lost. London gained seven, with ten additions and three deletions.

Eye drop recalls

Certain batches of Kirby-Warrick, CP Pharmaceuticals and Cox Pharmaceuticals eye drops are being recalled, after cracks have been detected in pack caps.

Pharmacists are requested to return for credit unexpired packs of the products listed below, with batch numbers beginning TS, VS or WS, manufactured two to three years ago, to the wholesaler or suppliers concerned. The products involved are atropine 1 per cent, Garamycin (gentamicin) 0.3 per cent, homatropine 1 and 2 per cent, hypromellose 0.3 per cent, pilocarpine 0.5, 1, 2, 3 and 4 per cent, and sulphacetamide 10, 20 and 30 per cent.

Kirby Warrick say that different packaging is now used, current supplies and other batches are not affected.

Applications for university pharmacy degree courses are 7.5 per cent down on last year. Some 1,538 applicants to the Universities Central Council on Admissions had put pharmacy as first choice by November 15. Total applications were down 4.7 per cent.

Measures by measure

Today I decided to abandon the ridiculous convention forced on us by a condescending authority which told us, because of decimalisation, we must in future direct our customers when taking liquid medicine to take "One . . . or two . . . five ml spoonfuls" as a dose. I grant that I welcomed the change from the ubiquitous, and grossly inaccurate "teaspoonful, dessertspoonful or tablespoonful", to a standard form of measure. However, I would have expected the dose to have been expressed in plain metric figures, with us supplying cheap suitable measures. The adoption of the word spoon, attached to the 5 ml, implied the great mass of the British public were a pack of morons unable to grasp that one 5 ml dose in a measure supplied with the medicine would be 5 ml, and that two 5 ml would make — wait for it — 10 ml! The complexities of working out a 15 ml or even a 20 ml dose would of course be totally beyond them.

Sweet charity! With the plentitude of "freebie" measuring tubs of up to 25ml available in pharmacies, what nonsense it is for us to label, say lactulose, with "Take four 5 ml spoonfuls". When we can say so much more sensibly "20 ml by measure." That's what I'm doing.

Dropping script numbers

Christmas is coming, but it isn't bringing me much joy at the moment. Last month's scripts were down, with this month's showing a similar downturn which, by prescribing pattern *must* be reflected in next month's figures as well. Yet my drug turnover is up. How come?

Simple. All my local GPs appear to have upped their prescribing times from one to two or three month periods. There has been a sudden marked increase in the practice, ostensibly to ease the patients over Christmas. Already it is an unwelcome practice with the patients, and one which is causing me considerable problems in trying to hold enough stock to meet double and trebled demands in full.

Because of local prescribing patterns I have a couple of peak weeks in every month. This new increased demand, coming in surges, forces me far too often to supply in part. Effectively, the difficulty of judging demand means that while the number of dispensing operations I may

undertake officially is reduced by some 20 per cent, in practice, with redispensing balances, I may actually have to do the same number of dispensings as before — but without payment. It's a rotten situation to be in, made worse because I have a relatively small volume of scripts, so cannot rely on a heavy basic stock to cushion the effect. The customers, of course, complain about "Never getting their full lot." This is untrue, but hurts my pride.

Another phenomenon now emerges. Patients are doing the rounds with scripts, demanding before they have it dispensed, an assurance it will be dispensed in full. With a bench full of two and three month scripts and with surgery in full flood in the evening, how can you answer that? Obviously the problem is not mine alone, but is one which demands urgent representations to GPs locally and nationally to the DHSS by PSNC. It only wants a third of my scripts to be for two months instead of one, and I am back down below the 16,000 items line.

Zero tax

My piece on disposable needles and syringes being free of VAT for diabetics has brought a reply from Miall James of Essex. He says that because not everyone calculates VAT at sale point (as I do under Scheme F) some businesses have difficulty in administering the scheme. Similarly, with disability aids which he says are free of VAT when the disabled purchaser presents a suitable certificate. I would have thought it possible to pin a note to the box of disposables telling the staff to put a note in the till when a sale is made.

A prize winner

My wife has just learned she has been chosen for a special prize by the Damart people. All she has to do to collect a worthless trinket is to place an order from their catalogue. Idly, I thumbed through the pages when I was having lunch then sat up with a start. Boots, my old friends, established sections in their shops for a wide range of disability aids a couple of years ago. Now Damart have gone for it in a big way, mail-order, with a catalogue almost a direct copy of the Boots pictures. It looks as though we are about to lose a prize unless we can come up with stock held by the wholesalers to give us a bit of support. I have found it hard to get a supplier for the small quantities needed in the average suburban shop, across a wide enough range of products to make our claims as potential suppliers believable.

No action on pharmacy rented from doctors

The Pharmaceutical Society's Council decided at this month's meeting to take no action over a pharmacy company which has rented premises from a partnership of doctors for £5,000 per year, with a premium of £70,000.

The premises of the proposed pharmacy were immediately next door to a health centre owned by the doctors. The matter had been considered by the Ethics Committee in November. It recommended no objection be made, but Council had referred the matter back.

The company said it had responded to an estate agent's general offer of a "unique opportunity" to obtain a lease on a new pharmacy. Offers had been invited by way of a premium and annual rental for the first three years of the proposed terms. The landlords, who at that stage had not been disclosed, did not undertake to accept the highest offer, and sealed offers were to be submitted to the agents in the form of a legal tender. The company gave an assurance that the lease was an arm's length transaction, on a purely commercial basis.

On the Committee's recommendation, Council agreed that no further action would be taken.

Information had also been received saying that the British Medical Association's handbook of medical ethics included guidance to the effect that a doctor should not hold a financial interest in any pharmacy in the area of his practice. The matter was being clarified, and a further report would be made to the Committee.

During debate, Mr J.M. Brunt said the Code of Ethics stated that a pharmacist should not have an undesirable business relationship with a medical practitioner. A premium of £70,000 paid to rent premises that doctors owned could only be described as colossal, and such payment must constitute a business relationship. The matter should be referred to the Statutory Committee, to establish whether the relationship was undesirable.

Mr A. Tanna pointed out that if the pharmacy company had not disclosed to the Society the amount of premium paid, the situation would have been different. The amount paid as premium was between the company and the landlords and not Council's business.

Mr G. Walker said the Ethics Committee had come to the conclusion

that, although it did not like what it saw, it could not see where professional misconduct arose.

Pharmacy in advertising. Council has decided not to change its policy that the word "pharmacy" may be used in advertising only in relation to professional services.

During discussion, it was argued that it would be a retrograde step to let the title be used in advertising for non-professional services such as toiletries, photographic goods and cosmetics.

"Care" in titles. Use of the word "care" in pharmacy titles is no longer to be referred automatically to the Ethics Committee. Since the Care Chemist case in 1974, the office had adopted the policy of objecting on the grounds of possible invidious distinction to any juxtaposition of the word "care" with "chemist" or "pharmacy". Because the judgment was now 12 years old and the public profile of pharmacy may have changed in the light of the Nuffield recommendations, the Committee agreed to reconsider its stance. Council agreed that discretion should be left with the law department on whether to refer cases to the Committee.

Clarification on Consumer Bill. The Society is to ask for a meeting with the Department of Trade and Industry to seek clarification on Part I of the Consumer Protection Bill, which deals with liability for defective products.

Clause 2 states that liability for damage lies with the producer of the product; that is any person who, by putting his name on it or using a trade or other distinguishing mark, has held himself to be the producer; and any person who has imported the product from outside the member State in order to supply it to another.

That suggests that by fixing a pharmacy address label on a medicine dispensed from bulk, the pharmacist became a producer. What was not clear was whether he could pass liability back to the original manufacturer. One argument was that by repackaging the medicine the pharmacist was altering the essential characteristics of the product and thereby losing the ability to pass liability back to the manufacturer. But Clause 2 (3) said that in effect the pharmacist would no longer be liable if he could provide the name of the person who supplied the product to him initially.

Views on contract. The Society has formulated its views on the proposed Regulation and guidelines for

administering the new contract arrangements, to be discussed with PSNC on December 12 and with the Department of Health on December 17. Among other matters, the Society intends to seek clarification on the cut-off date after which an applicant would have to go through the new procedure, and on the eligibility of certain categories of pharmacist to serve as nominees on a pharmacy practice subcommittee and on the appeal panel.

Council statements. Council discussed the question of whether Council statements should be issued simultaneously to *The Pharmaceutical Journal* and *Chemist and Druggist*. It was decided to debate the matter fully at the January 1987 Council meeting.

Use of green cross. The Society is not to object to two requests to use the green cross symbol without the word "pharmacy" below it on pharmacy fascias. In both cases the word "pharmacy" would appear alongside the green cross.

The Society has also decided not to object to two requests from pharmaceutical companies to use the green cross symbol. One company intends to produce lapel badges for community pharmacists. The other wishes to supply self adhesive stickers, for use in hospitals on ward medicine trolleys, indicating the name and visiting times of the ward pharmacists.

Weighing machines. The Society is to approach the Department of Trade and Industry about the potential effect on community pharmacy of draft Weighing Equipment (Non-Automatic Weighing Machines) Regulations. The Regulations would result in an improvement of tolerance levels of 600 to 1200 per cent which would render Class B balances prohibitively expensive.

Welsh Bill. The Society is to inform the Welsh Office that the Welsh Language Bill, introduced into the House of Commons by Dafydd Wigley, MP, is an unjustifiable expense. One implication of the Bill would be that students at higher education institutions in Wales would have the right to pursue their studies in Welsh.

Adverse reaction reporting. At the invitation of the Committee on Safety of Medicines, representatives of the Society are to meet CSM members to discuss further the involvement of community pharmacists in the reporting of adverse drug reactions.

BNF prices. Council decided that information on the cost of medicines in the British National Formulary should be presented as cost prices.

Plain English. The Society is discussing with the Plain English Campaign the possibility of its involvement in simplifying pharmaceutical labelling.

Chemists miss out on B-D hotspot?

At the early part of 1980 my company set out to establish a totally new, rapid growth UK market for a product category exclusive to pharmacy outlets. That category was single-use insulin syringes and our objective is being consistently and successfully achieved.

From a base of zero in 1980 we have expanded the market to a most substantial size, exclusively as a result of excellent products supported by heavy and sustained advertising and promotional expenditure.

Our brands are now stocked by virtually all UK pharmacists, who appear to be well satisfied with their ever increasing sales levels. So much so that for some considerable time now we have been urged to introduce new products with similar pharmacy sales potential.

Such a product is the new B-D digital thermometer, which we researched thoroughly at the early part of this year with most positive and encouraging results. The consumer sales potential is vast and we launched this new product on September 1 exclusively to pharmacy outlets with a committed nine-month consumer advertising programme in excess of £300,000.

Everything about our total marketing plan is proceeding perfectly, with one depressing exception. That exception is the level of retail pharmacy distribution which we have been able to achieve. As a result we are being swamped by letters and phone calls from bewildered, frustrated and furious consumers from all corners of the UK.

These people have not fruitlessly visited or phoned a mere one or two pharmacies. In several instances they have visited as many as five or six in their attempts to purchase this product which they want, which is heavily advertised, which is readily available from virtually all pharmacy wholesalers and which is distributed exclusively through pharmacies.

These genuinely distressed consumers appear to have received all sorts of incorrect reasons for non-availability and they are asking me the one question which I, in turn, and with respect now ask of the pharmacists themselves. Please, precisely what is the problem?

A. Jackson
Manager,
B-D Consumer Product Division



Sterling Winthrop's Apothecaries of Jazz, the all pharmacist jazz band, played for the Manchester Jewish Pharmacists' Association's annual banquet recently. Pictured at the ball, committee members Edgar Horne, Gerald Landsman, Jack Fisher (chairman), Basil Clarke, Sid Woolfson, Mike Balin, Victor Kay, with (front) Ruth Segal and Council member Linda Stone; and the band: Dave Allenby, Peter Trevor, George Duncan, Kenny Milne, Bernard Hardisty, Noel Baumber, Walter Fisher, Don Ross, Anne Friedlander, and Colin Richardson (hidden from view)

With thanks

The recent dinner and dance of the Manchester Jewish Pharmacists Association was a great social success, as a result of which many charities will benefit.

One of the factors helping to generate this success was the presence of the Apothecaries of Jazz band. Their vivacity, artistry and sheer virtuosity was thoroughly enjoyed by all. They are all working pharmacists who came long distances to donate their time for other people's pleasure.

On behalf of the Association and the many charities, both home and abroad, who will share the profits of that evening, I would like to thank Bernard Hardisty and all those who play in the Winthrop Apothecaries of Jazz band.

R. Segal
Manchester

Law abiding citizens

I read with interest Mr Henry Howarth's letter of *PJ* November 15 on professional sanctions. Many of us would echo those sentiments, that we could have upheld the "image" and "standing" of pharmacy by strict ethical control. However, just as a country must have its laws — no matter how law abiding its citizens — we as a profession do not have a divine right to decide on all matters pertaining to the

well-being of the health of the public.

We think we are impartial and, no doubt in most cases we probably are, but justice must not only be done but must be seen to be done. The public expects, through the democratic Parliamentary system, that it always controls the ultimate sanction by framing legislation that ensures that our profession, along with any other, is accountable in law and hence to the nation as well as to our peers.

We can and must exert greater voluntary control over our professional activities via Council to ensure standards which are beyond reproach. But at the end of the day can we be 100 per cent impartial and always unbiased in our approach? I doubt it. This is the time when laws are necessary to bring recalcitrant members to task, quickly, effectively, and most important, openly. Laws also give us an advisory framework within which we may safely carry out our professional duties.

We have a record second to none when it comes to avoiding drug abuse among our own members, who are privileged persons with easy access compared with other people. Let us instill this on others to stamp out this cancer in our midst.

Nuffield has asked a question . . . Do we need the force of law to maintain even higher standards year by year? By accepting the continuance of the force of law we can demonstrate by our actions over "proposed extended roles" that in time we may not need legal restraints, but the "proof of the pudding is in the eating".
Douglas Davidson
Blairgowrie

TV debut for First Response

Tambrands are supporting their new home ovulation kit — First Response — with a £300,000 television advertising campaign this month.

The commercial will run until the end of December in London, the South, Midlands, Yorkshire, Lancashire and Anglia. And for the first six months of 1987, advertisements will appear in women's magazines, including *Woman*, *She*, *Good Housekeeping*, *Annabel*, *My Weekly*, *Woman's Journal*, *Prima* and *Good Health*. Tambrands Ltd, Dunsbury Way, Havant, Hants PO9 5DG.

For softies

Saline B, a buffered preservative-free saline solution for soft lenses, has been introduced by Hydron to complement its Solusal brand. Saline B (240ml £2.37) carries the same livery as Solusal with a reversed out blue and white colourway.

To promote the launch, three-dimensional point of sale displays for windows featuring both products are available. Hydron are also running an introductory offer of one dozen canisters of Saline B free with every four dozen purchased. Hydron Europe (UK Division) Ltd, Southern Trade Centre, Admiralty Way, Camberley, Surrey GU15 3DT.

Anglia Sundries have been appointed sales and distribution agents for Shopdrop, in the Norfolk, Cambridgeshire, Suffolk and North East Essex areas. Shopdrop, Carman Road, Tottenham, London N17 0QN.

A carry care

Clinique are offering a travel pack of their skincare products (£12.50) during January.

A facial soap, clarifying lotion, and moisture lotion come in a floral print travel bag. Clinique Laboratories Ltd, 54 Grosvenor Street, London W1X 9FH.

Ever Ready have signed a deal with the Streetsounds record label so all future albums, singles, cassettes and video tapes will feature a Gold Seal illustration on the sleeve with the line "the beat goes on and on". Ever Ready Ltd, Ever Ready House, 93 Burleigh Gardens, Southgate, London N15 5AN.



Benylin blankets for the cold

Warner Lambert Health Care are helping the old to fight the cold this Winter by producing 10,000 Benylin survival blankets for a joint promotion with *Woman* magazine's December 13 issue.

The offer is arranged in conjunction with a *Woman* report highlighting the plight of the old fighting the cold last winter. The Benylin blankets are made from lightweight aluminised plastic. They work by reflecting up to 95 per cent of radiated body heat.

A selection of leaflets on how to save energy and avoid hypothermia is available from Help The Aged, British Gas, the Electricity Council and Domert. Warner Lambert Health Care, Mitchell House, Southampton Road, Eastleigh, Hants SO5 5RY.

Lark...hear this

From January 1, Larkhall Laboratories will themselves be distributing Lipcote, Ruthmol and their other vitamin and mineral preparations currently being distributed by Dendron. Inquiries for the products in the New Year should be addressed to Larkhall Laboratories, 225 Putney Bridge Road, London SW15 2PY.



Pharmacist Brian Hurst pictured with his Kodak "Gold" Award, for high quality work. Mr Hurst, of Hurst Chemist, Ripley, uses a Hope mini-lab and is the first to be given the prize in his first year of operation

New Year condoms aimed at AIDS

Two new condoms are to be launched early next year, specially designed for couples who fear they may contract AIDS.

Charles Thackray are to market a self-adhesive (hypo-allergenic) sheath which, they say, fits closely to prevent leakage and is self-sealing to prevent spillage after use, thus offering added protection against STDs as well as effective contraception. Made of latex, it is claimed not to tear but has the same thickness as standard sheaths. It is already available in the USA and has undergone trial at St Mary's Hospital, London.

On January 15, Soplex Ltd are to launch Knight Barrier (3, £0.50) which they say is thicker than standard sheaths, making it fit more closely and less likely to tear. Charles F. Thackray, 45 Great George Street, Leeds LS1 3BB. Soplex Ltd, Conservancy House, High Street, Rochester, Kent ME1 1PY.

PRESCRIPTION



SPECIALITIES

Lippes Loop out of favour

Ortho-Cilag are discontinuing the Lippes Loop intrauterine contraceptive device due to a decline in sales. The company says this is a result of increased doctor and patient preference for copper-bearing IUCDs, as well as a trend towards the Pill. Ortho expect doctors will continue to use the Lippes Loop until supplies are exhausted so are not asking for stocks to be returned. "We remain committed to the IUCD as a form of contraception; the Ortho Gyne-T will continue to be available," say Ortho-Cilag Pharmaceutical Ltd, PO Box 79, Saunderton, High Wycombe, Bucks HP14 4HJ.

Min-i-jet pre-filled syringes, and other items from International Medication Systems are now available in single and multiple units, at normal trade prices from Gees Generics Ltd, 62 Chiswick High Road, London W4 1SY.

Chemist & Druggist 13 December 1986

ON TV NEXT WEEK



GTV Grampian B Border C Central CTV Channel Islands LWT London Weekend C4 Channel 4	U Ulster G Granada A Anglia TSW South West TTV Thames Television BT TV am	STV Scotland (central) Y Yorkshire HTV Wales & West TVS South IT Type Tees
----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

Actifed linctus/expectorant:	All areas except Ulster
Askitt powders:	GTV, STV
Benlylin day & night:	Y
Benlylin expectorant/paediatic:	All areas
First Response:	LWT, TVS, G, A, Y, C
Hills Balsam:	C, TTV, C4
Imperial Leather Gold shampoo:	STV, G, Y, A
Jaap's Health Salts:	GTV, STV
Jerome Russell products:	All areas, Bt
Karvol:	All areas
Lipcote:	G
Listerine:	All areas
Mentholyptus:	All areas
Peardouce:	Bt
Polaroid Image System cameras:	All areas
Resolve:	All areas
Robitussin:	All areas
Sensodyne Toothpaste:	GTV, STV, G, Y, C, A, HTV, CTV, TSW, TVS, LWT, TTV, TT, C4
Simplicity:	All areas, C4
Sinutab:	All areas
Strepsils:	All areas
Yardley Chique. Lace. White Satin.	
Pure Silk and Gold:	All areas, C4, Bt

Added fun

Dylon have updated the packaging of their Colorfun fabric paints, and are adding painting pens to the range.

The pens (£1.35) are individually carded and come in yellow, red, royal blue, purple, jade, dark brown, black and orange. The range is being backed by a new brochure, with ideas of how to use the product, and new POS material. *Dylon International Ltd, Worsley Bridge Road, Lower Sydenham, London SE26 5HD.*

Radio pictures

Colorama Processing Laboratories are pushing their D&P and reprint services on Capital Radio over Christmas and the New Year. The campaign is to consist of 60 30-second spots. D&P is to be featured on December 27-29 and the new reprint commercial January 1-5, say *Colorama Processing Laboratories Ltd, 44 Lancaster Street, London SE1 0RP.*

Care-ing touch

This new merchandiser for 24 tubes of 20 Hibitane lozenges gives easy access to the product and highlights its benefits, say *Care Laboratories*. It can be used as a free-standing counter display, or a wallhanging dispensing unit. The unit is available from representatives or direct from *Care Laboratories Ltd, Lindow House, Beech Lane, Wilmslow, Cheshire.*

If you want the best in generics, there's only one name to choose. Wyeth

Wyeth quality

Supplied to the highest standards by a major international research and manufacturing house

Wyeth service

Efficient sales support and comprehensive technical back-up

Wyeth range

A constantly expanding range of generics from the one supplier

Wyeth availability

What you want, when you want it — only a phone call away

Wyeth confidence

Wyeth: the name you can trust in generics

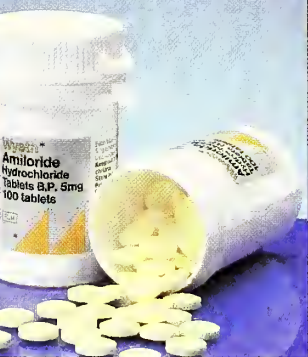
For further details and prices, phone our 'hotline' 06286 4377 ext 4519, or contact your local representative

WYETH*
GENERICS
UNPARALLELED QUALITY

WYETH the generic name for quality



New addition to
the generic range



ORDERED YET? IF NOT TALK
NOW TO YOUR WHOLESALER ABOUT
SPECIAL LAUNCH BONUS TERMS.

WHO WOULD TO PRODUCE OVULATION PRE TO APPEAR



**FIRST
RESPONSE™**

Ovulation Predictor
Predicts the Day a Woman is Most Able to Conceive

Easy-to-Read Color Change
in only 20 Minutes

New from the makers of

£300,000 SPEND IN DECEMBER ALONG WITH

YOU EXPECT
THE FIRST
DICTIONARY TEST
ON TV?

or Test
Pregnant.

ers of Tampax®

AND THAT'S JUST FOR STARTERS!

Mousse news

Immac are launching an easy-shave mousse, supported by a women's Press and television advertising campaign, and available with a free disposable razor while stocks last.

The mousse (£1.99), perfumed and containing moisturisers and baby oils, will be featured in colour advertisements in this month's *Just Seventeen*, and January 1987's women's magazines including *Options*, *Cosmopolitan*, *Company*, *19*, *Elle*, *Woman's Journal*, *Vogue* and *Looks*. This will be followed by Summer television advertising, say distributors *Whitehall Laboratories*, 11 Chenies Street, London WC1E 7ET.

Calorie cans

Pulmocare is a high calorie nutritional product intended for oral use, mainly in hospital.

The product is an addition to Abbott Laboratories' Ensure nutritional range and is intended to be used for pulmonary patients — eg those with bronchitis, emphysema, those on respirators etc.

It is supplied in cases of 24 cans (£21.70 trade). *Abbott Laboratories Ltd*, Queenborough, Kent ME11 5EL.

A massage from Ladycare

Booker Health are running a Spring promotion on their Ladycare range, offering consumers the chance to win a day at the health club Champneys. In addition every entrant in the competition will receive a massage soap on a rope.

POS material comprising a sales presenter, a poster and a pad of 50 leaflets containing details of the competition are also available. Entry requires proof of purchase of a pack top. *Booker Health*, *Healthways House*, 45 Station Approach, West Byfleet, Surrey.

Flexible TV

A new television campaign for the Flex haircare range starts on December 15 and will run for six weeks on ITV and Channel 4. Expenditure on television advertising for the Flex range has now been brought to over £1.2m in the last nine months. The campaign features a new 30-second commercial. *Revlon International Corporation*, 86 Brook Street, London W1Y 2BA.



Pharmacists David and Sheila Hodgson of Harry S. Allen Ltd, Southwell, Nottingham, and pharmacy assistants Denise Chambers and Carol Phillips of Fisk Chemists, Southampton, enjoyed a champagne breakfast, afternoon tea and dinner at the Ritz and a night at the theatre and live concert, after winning Milupa's window display competition, which involved featuring the company's new breakfasts. Pictured here (left to right) with Milupa's national sales manager Graham Ford, Mrs Hodgson, Ms Chambers, Mr Ford, Ms Phillips and Mr Hodgson

Get it Together

Topaz are launching Together shampoo and lotion conditioner, (£0.52 150ml, £0.75 250ml, £0.99 400ml pump dispenser) designed to be used in conjunction with anti-dandruff shampoo, and allowing hair to be washed frequently, say *Topaz Ltd*, *The House of Topaz*, Oldgate, St Michaels Estate, Widnes, Cheshire WA8 8TL.

Castaway from Stagelight

Stagelight Cosmetics are introducing a POS unit headed Castaway Girl, for a selection of their make-up. Available from February (around £80 trade) from *Original Additions (Beauty Products) Ltd*, 1 Elystan Business Centre, Springfield Road, Hayes UB4 0UJ.

CHRISTMAS CLOSINGS

Parke-Davis and Warner-Lambert

Health Care: from noon on Wednesday, December 24 through to Monday, January 5. Emergency orders for the period will be handled on 04955-2468. Emergency medical inquiries will be dealt with on 0703-619791 on December 24, 29, 30 and 31 and January 2, and at other times Eastleigh Security on 0703-612780 will give an alternative number for inquiries.

H. N. Norton & Co: from noon on Wednesday, December 24 through to Monday, January 5. Orders received by 4pm on December 23 will be despatched before closure, and a skeleton staff will be working in sales and packaging departments during the holiday.

Merck Sharp & Dohme/Thomas Morson Pharmaceuticals: from 5.30pm on Tuesday, December 23 through to Monday, January 5. Emergency medical inquiries will be handled on 0992-467272.

Animal Health Distributors Association (UK) Ltd: from Wednesday, December 24 through to Monday, January 5.

De Witt International Ltd: from Thursday, December 25 through to Monday, January 5.

Roche Products Ltd: from 1pm on Wednesday, December 24 through to Monday, January 5. Urgent requirements will be dealt with between 9am and 1pm on December 29, 30, 31 and January 2.

Kerfoot Pharmaceuticals: the sales and distribution departments from Wednesday, December 24 through to Monday, December 29, and then from Wednesday, December 31 through to Monday, January 5.

Sangers Photographics: on Saturday, December 20, from Wednesday, December 24 through to Monday, December 29 and from Thursday, January 1 through to Saturday, January 3. Orders will be taken up to 11am on December 21, 7pm on December 22, 3pm on December 31 and 11am on January 4.

Delachem Ltd: from Thursday, December 25 through to Monday, January 5.

Sterling-Winthrop Group Ltd: from 4pm on Wednesday, December 24 through to Monday, January 5. Emergency medical inquiries will be dealt with on an answerphone service on 0483-505515. Orders for delivery by December 22, must be placed by December 12.

Riker Laboratories: from 5pm on Tuesday, December 23 through to Monday, January 5. Emergency orders will be dealt with on 0509-268181.

Thornton & Ross Ltd: on Thursday and Friday, December 25 and 26, and Thursday and Friday, January 1 and 2.

Napp Laboratories: from Wednesday, December 24 through to 9 am, Friday, January 2.

Handy shopping

Smith & Nephew are teaming up with Great Universal's Choice catalogue for a promotion on Atrixo cream and lotion.

To participate in the £250,000 promotion, which runs during January and February, customers collect tokens from the Atrixo range as follows: 50ml cream — one token; 100ml cream — two tokens; 200ml cream — four tokens and 200ml lotion — two tokens.

Two tokens entitle purchasers to a £2 shopping voucher redeemable against Choice catalogue, while four tokens can be exchanged for a £5 voucher. There is no minimum spending condition and copies of Choice are sent to all participants. Vouchers are redeemable until the end of June 1987. *Smith & Nephew Consumer Products Ltd, Alum Rock Road, Saltley, Birmingham B8 3DY.*

Regina Royal Jelly Products are offering royal jelly capsules at £9.95, a saving of £3, during December. *Regina Royal Jelly Products, Regina House, 2a Alexandra Grove, London N12 8NU.*



Worth it

Worth Perfumes are running a January offer on Je Reviens. The offer comprises a special bath line of four products: body cream, bath and body oil, shower gel and bath foam (100ml £5.95). It is the first stage of the 1987 sales campaign for Worth and is intended to clear the way for a new range of bath products due to be launched in the latter half of 1987.

The Je Reviens bath line will be offered in a new merchandiser with a special price flash on the backdrop. *Worth Perfumes Ltd, Magnolia House, 160 Thames Road, London W4 3RG.*

Moore offers

Potter & Moore will be offering free products with purchases of their herbal hand and body lotion and liquid soap.

In January a herbal cream bath is being offered free with each hand and body lotion bought, and with every liquid soap consumers get a refill free. The normal price for each product is £2.95.

And this month the company are offering a special sized Melissa hand and body lotion of 125ml for £1.25. The offer comes in a counter merchandiser containing 12 packs, available while stocks last, say *Potter & Moore Ltd, Lincoln Road, Werrington, Peterborough.*

Duracell date

Duracell UK are introducing date coding on their "5-type" batteries in the New Year. The first date coded Duracell batteries will carry a "start using by" date of 1989. *Duracell (UK) Ltd, Duracell House, Church Road, Lowfield Heath, Crawley, West Sussex RH11 0PQ.*



**You can now place
all your orders with
E. C. DE WITT & CO. LTD.
(DELACHEM DIVISION)**

Our sales team is waiting for your phone call. They can offer you a range of special offers, if you mention this ad.

**PHONE NOW
01-539-3334**

Our products are backed by a national advertising campaign, including T.V., Capital Radio and Magazine advertising. Commencing on the 18th November 1986.

JR
Jerome Russell
LONDON - PARIS - NEW YORK



101 Sunnyside Road, Ilford, Essex IG1 1HY England
Telephone: 01-478 7771 Telex: 23645 (JRC LTD G)



It may be hard for our competitors to take, but Vestric customers are simply better served than any others. Hardly surprising really since the familiar red Vestric vans make regular visits every day delivering vital ethical supplies to over 6,000 pharmacies.

We maintain this level of coverage with a sophisticated stocking and distribution system consisting of 18 branches carrying nearly 8,000 ethical products to meet practically every prescription need. And with the

Link computer system, pharmacists can transmit their orders within seconds.

These orders are guaranteed a swift response with no less than three hundred vans covering the length and breadth of the country from isolated moorland villages to bustling city centres. Each one represents a vital lifeline bringing important supplies not just to pharmacies, but to hospitals too.

We also offer an equally comprehensive choice of

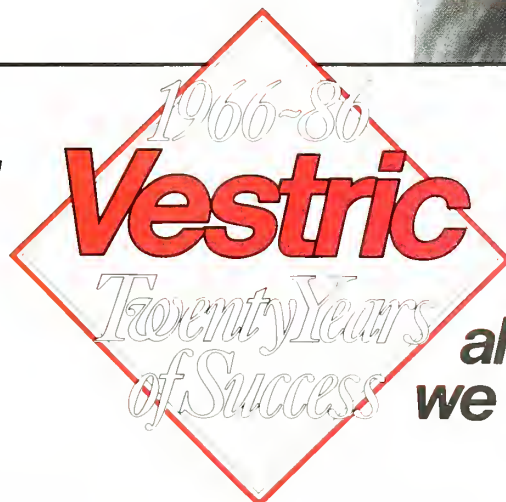
To be taken seriously, twice a day.



C. products including all the leading brands, plus
page own label offering top quality at value for money
es.

And if you want financial assistance, there's the
ric loan scheme.

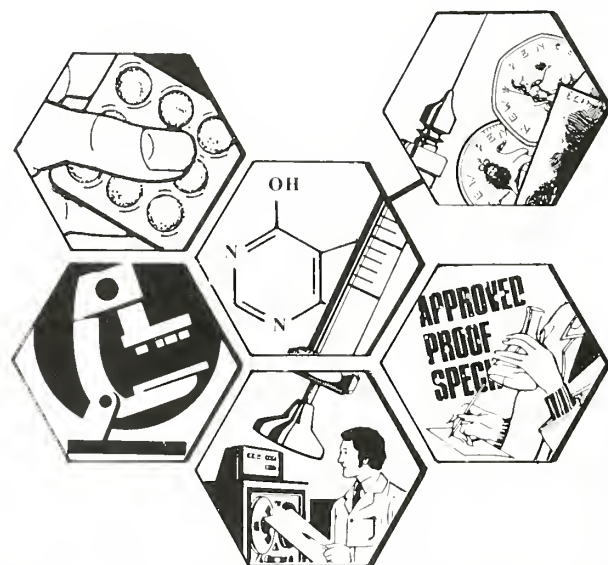
So if you take your business seriously, take
ric now.



**We're
always there,
we always care.**

All eyes on AIDS

C.R. Day, FPS, concludes C&D's annual review of progress in drug treatment. Not surprisingly AIDS has been the focus of much research in the antimicrobial field. We also look at drugs for cancer, joint disorders, the respiratory tract and for use in ophthalmology.



Antimicrobial drugs

Great media attention is being focussed on AIDS, while the Government, tardily some would say, is taking active steps to promote information on what threatens to become a disease of epidemic scale. There are no signs yet of any drug having curative properties, and the agents now available only prolong survival.

It is known that the brain is the focal point for human immunodeficiency virus (HIV), and that the two substances, **azidothymidine (AZT)** and **ribavirin**, can cross the blood-brain barrier. AZT has been the subject of clinical trials in the US; the drug was given orally to 145 patients and a placebo to 137 patients, all suffering fully developed AIDS or AIDS-related complex. After 16 deaths in a few months in the placebo group and only one in the active group, it was decided that it was unethical to continue the trial, but to give the drug to all AIDS sufferers where possible. However, supplies are limited.

Ribavirin (Virazole) is a synthetic nucleoside analogue that has already reached the US market for the treatment of severe respiratory syncytial virus infections in children, which may be fatal due to lower respiratory tract infection. It is administered as an aerosol.

Ribavirin has a broad spectrum of activity and has possible value in the treatment of hepatitis A, herpes and influenza. A multi-centre trial is in progress in AIDS-related complex.

In New Zealand inosine pranobex (Imunovir) has been approved for the therapy of AIDS and AIDS-related complex. And the spermicide nonoxynol-9 has *in vitro* activity against HIV.

Vancomycin is the antibiotic of choice in antibiotic-associated pseudomembranous

colitis. But because it is hygroscopic and unstable in solution it cannot be formulated in the normal tablet or capsule form. A novel oral preparation, **Vancocin Matrigel**, contains vancomycin and polyethylene glycol in a thermosoftening matrix, heated to 60°C before filling into gelatin capsules. Strengths of 125mg and 250mg are available, with an adult dose of 500mg to 1,000mg daily in divided doses.

The first combination of the beta-lactamase inhibitor clavulanic acid with an antibiotic — amoxycillin — was **Augmentin**. There is now a second consisting of ticarcillin sodium and potassium clavulanate (**Timentin**). This new product increases the spectrum of ticarcillin activity to include *E. coli*, *Staphylococcus aureus*, *Pseudomonas aeruginosa* and *Bacteroides* spp. Timentin is available only as an injection, prime usage is the treatment of severe infections in hospitalised patients, and those with impaired host defences.

Another new drug for serious hospital infections is **aztreonam (Azactam)**. This is the first monobyclic beta-lactam or monobactam. It was initially produced from soil bacteria, but is now made synthetically. Aztreonam acts only against Gram-negative aerobes with no effect on the normal gut flora. It has a similar antibacterial spectrum as the aminoglycosides, but lacks their nephro- and ototoxicity. The drug can be given empirically in combination with other agents until the result of sensitivity testing is known. Aztreonam is given parenterally, with adult dosage ranging from 3g to 4g daily with a maximum of 8g. It is unnecessary to reduce dosage in moderate to severe renal failure. Monobactams for oral administration are being studied, eg **tigemonam**.

Tropical diseases continue to occupy researchers as well as physicians and field workers. Drugs for the prevention of the

major tropical parasitic diseases are available but in some instances efficacy is limited because of toxicity and drug resistance. Existing remedies may be improved, for example giving antimalarials in combination to minimise resistance, while sodium stibogluconate (used in leishmaniasis) when encapsulated in liposomes has reduced its toxicity. **Mefloquine** is the outcome of long research on the quinine molecule; it has similar activity against chloroquine-resistant as against chloroquine-sensitive *Plasmodium falciparum*, and is now licensed for use in Thailand and Switzerland. **Artemisinin** isolated from the wormwood plant, which has long been used in China as a febrifuge is active against chloroquine-resistant *P. falciparum*. The plant is now being grown in America to permit wider study of the active principal.

Anticancer drugs

The morbidity statistics of breast cancer are still remorselessly depressing despite modern therapy. It is responsible for one fifth of cancer deaths in women, with one in 14 women in the US developing it at some time with more than 115,000 fresh cases per annum.

The antioestrogen aminoglutethimide has been in use for nearly five years for metastatic breast cancer in post-menopausal women, but is usually second choice to tamoxifen because the latter is easier to use and has fewer side effects. However, the undesirable actions of tamoxifen in blocking the synthesis of corticosteroids means that hydrocortisone must be given to compensate. A search for compounds that inhibit oestrogen formation without affecting steroid development has produced several aromatic amines of the

pyrrolidine-2,5-dione type based on succinimide. These are still in pre-clinical trial.

Studies are continuing with 4-hydroxyandrostenedione (4-OHA) as an alternative to aminoglutethimide, with promising results in early tests, lacking the skin rashes and CNS side effects. At present it must be injected, but the non-steroidal compounds mentioned above may be easier to formulate for oral administration.

Prostatic cancer is one of the commonest malignancies suffered by males and some 60 per cent of these tumours require testosterone for growth. Treatment is by castration or stilboestrol which inhibits the supply of testosterone. Gonadotrophin-releasing hormone (LHRH) analogues, which reduce testosterone levels have been developed; **buserelin** (Suprefact) has now been marketed. It avoids the psychological effects of castration and the unpleasant side-effects of stilboestrol, and is employed in the therapy of advanced hormone-sensitive cancer of the prostate. Treatment is initiated by the subcutaneous injection with maintenance doses given by nasal spray. Side-effects are hot flushes and loss of libido. At the start of therapy some 10 per cent of patients suffer short term worsening of symptoms — tumour flare — which can be prevented by giving the antiandrogen cyproterone.

Another LHRH analogue undergoing development is **Zoladex**. Implanted subcutaneously, usually into the abdomen, the drug is contained in a small rod about the size of a rice grain, consisting of a copolymer — of similar composition to absorbable sutures — from which the drug is released over one month.

It is hoped **flutamide** will be marketed in many countries in 1987. Another antiandrogen for the palliative treatment of metastatic cancer of the prostate, it is thought to be as effective as normal oestrogen therapy in testosterone-dependent prostatic cancer, but without the venous and embolic problems.

The discovery that **interferon** had antitumour activity gave hope to many cancer sufferers. Lack of supplies hampered clinical trials, but at last interferon preparations have been licensed for the treatment of the rare hairy cell leukaemia. Three alpha interferons are now marketed in the UK, namely **Intron A**, **Wellferon** and **Roferon A**. **Intron A** is made by recombinant DNA technology using *E. coli* and consists of a single sub-type, whereas **Wellferon**, produced from cultured lymphoblastoid cells to which a virus is added to induce interferon production, consists of at least 17 sub-types. Their use is not without marked side-effects and toxicity, including influenza-like symptoms, blood dyscrasias, anorexia and weight loss.

Roferon A is licensed for the treatment of AIDS-related Kaposi's sarcoma, a skin and connective tissue cancer which occurs in over 30 per cent of AIDS patients. It is sub-type alpha-2a and is prepared by recombinant DNA techniques. Alpha interferon produces a complete or partial response in 25 to 35 per cent of Kaposi's sarcoma patients.

Musculoskeletal and joint disorders

Since the withdrawal of several non-steroidal anti-inflammatory drugs (NSAIDs), the Committee on Safety of Medicines has been cautious in granting licences for drugs of this type. Late in 1985 however, **etodolac** (Lodine, Ramodar) was marketed — the first new NSAID for three years. Etodolac differs structurally from other NSAIDs as it is based on a tetrahydropyranoindole nucleus. It is claimed to have a particularly low level of side effects. Studies of microbleeding show a loss similar to physiologically normal levels at doses up to two and a half times the advised maximum daily dose. Etodolac showed no tendency to accumulate in elderly impaired kidney and liver patients, and there were no differences in comparison with a group of younger patients. At present it is licensed only for the treatment of rheumatoid arthritis. Normal dosage is 200mg twice daily with a maximum 600mg daily.

An anthraquinone derivative, **diacerhein** (Artrodar) is said to be very effective in osteoarthritis, a condition that responds poorly to the NSAIDs. Inflammation is a side-effect of the body's efforts to combat foreign bodies and damaged cells, and is caused by active oxygen radicals released by leucocytes in an effort to degrade debris in arthritic joints. Diacerhein combines with this oxygen and deactivates it; the drug also inhibits the release of enzymes which cause the breakdown of cartilage, thus reducing further damage. The drug is claimed not to cause gastric bleeding and ulceration, while it increases the synthesis of prostaglandin.

Aminohydroxypropylidene-1,1-diphosphonate (APD) has been undergoing trials in UK hospitals for Paget's disease of the bone, where it has given impressive and rapid clinical and biochemical response, with prolonged remission and absence of serious side effects. APD, administered intravenously, is also being examined in the treatment of hypercalcaemia in malignant states.

Enteric-coated **sulphasalazine** has been licensed (Salazopyrin-EN) for use in NSAID-unresponsive rheumatoid arthritis.

Drugs acting on the respiratory system

Sodium cromoglycate is less effective in adults than in children for the prophylaxis of asthma attacks, but a new compound seems to be not only effective in adults but also useful in the management of a wide range of reversible obstructive airways disease (ROAD). It is claimed that nedocromil sodium (Tilade) has both anti-allergic and anti-inflammatory properties preventing the release of inflammatory mediators from mast cells, and the development of inflammatory cells in the airway epithelium. Maintenance therapy improves pulmonary function, reduces bronchospasm and its frequency, also cough and bronchial hyperactivity. Tilade can be used alone or with bronchodilators, steroids and xanthines.

A new group of compounds — cephalosporin analogues — are believed to be useful in bronchitis and emphysema. They are powerful inhibitors of the enzyme elastase, which destroys lung elastin fibres, a process implicated as a cause of pulmonary emphysema. The new substances have been tested *in vitro* only, but researchers believe they may also have a use in rheumatoid arthritis.

Drugs used in ophthalmology

Timolol maleate eye drops have been used for several years to reduce intra-ocular pressure (IOP) in chronic simple glaucoma. Three new agents with similar properties have entered the market. They are **carteolol hydrochloride** (Teoptic), **metipranolol** (Glauline) and **betaxolol** (Betoptic). Betaxolol is claimed to be the first selective beta-blocker for the treatment of glaucoma, and thus can be used in sufferers from asthma and other chronic pulmonary conditions. The 0.5 per cent drops are effective for up to 12 hours and pilocarpine or adrenaline produces an added effect. Betaxolol has been found to have a lesser effect on the resting heart rate than timolol.

Carteolol is less likely to give rise to bradycardia than timolol, thus making it particularly useful in the elderly. Therapy is started with the 1 per cent solution twice a day; moving to the 2 per cent solution twice a day if response is inadequate.

Metipranolol treatment is started with the 0.1 per cent solution twice a day moving on to the 0.3 per cent solution if necessary. Existing patients may be started on the 0.3 per cent drops with the 0.6 per cent reserved for uncontrolled subjects.

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No need to die of ignorance

Providing pharmacy services for AIDS sufferers at St Stephen's Hospital, London, has highlighted the pharmacist's essential role as part of the medical team. But the escalating workload has led to the need for more staff.

Drug therapy is complex so time spent on the wards with AIDS patients is far in excess of that spent with other patients. Because little is known about how to treat AIDS, the need for drug information is more acute, involving extensive literature searches and inquiries to manufacturers. And there are several clinical trials being run which require a senior pharmacist to organise and co-ordinate.

The pharmacy service to the AIDS ward was started about two and a half years ago by staff pharmacist Janice Steele, who is now also a teacher-practitioner at Kings College Chelsea school of pharmacy.

"The service developed because we had several AIDS sufferers with special needs. For example, they were being treated with unlicensed products which we had to find out about and obtain supplies," she says. "Other medicines already on the market were being tried in unusual doses and even the manufacturers didn't have data about how they should be used in AIDS. We had to find out about side effects and how long the drugs should be given. This caused problems at first but gradually we have built up a database from our experience."

Because there was no known treatment, doctors would try almost anything in the hope it might work. Luckily, the USA was a few years ahead so literature searches often produced useful information.

Major centre

St Stephens is one of the major AIDS treatment centres in the UK and currently has about 350 patients on its books, some with AIDS and others with AIDS related complex. A lot are outpatients.

"The outpatients workload is far greater in terms of numbers although the in-patients are more time-consuming because they need more care and attention due to the complexity of their treatment," says Janet Clabour, the staff pharmacist for drug information, and the department's AIDS specialist.

Patients are only admitted to hospital when they have severe infections or complications; the rest of the time they are given prophylactic medicines on an out-patient basis. "Their quality of life when they

How can pharmacists help fight AIDS? In the next three pages C&D talks to four pharmacists making positive contributions to treating AIDS sufferers, outlines key points about the disease and advises who to contact for help. In this interview two hospital pharmacists describe the service they offer.

are well is very good but in two months or so they may be seriously ill again and need to be re-admitted," she says.

Sometimes they come in for counselling or to recuperate from a bout of the debilitating diarrhoea to which they are prone.

In-patients nearly always present with the protozoal infection *pneumocystis carinii* pneumonia which is treated by high dose cotrimoxazole. AIDS patients seem to experience a higher incidence of rashes and adverse effects to this drug so pentamidine is used as a second line.

Many infections are the same as those suffered by other immune suppressed patients, such as cytomegalovirus. AIDS patients are also prone to atypical tuberculosis caused by a strain of mycobacterium resistant to standard treatments, and older regimens are being resurrected in an attempt to combat this rare strain. Other common problems are fungal infections, dry skin and psoriasis. Drug treatment also involves terminal care and pain relief.

Most patients do not have a GP so the AIDS clinic prescribes out-patient medicines which might otherwise be dispensed in the community, again increasing the pharmacy workload.

Maintenance doses tend to be high. Ketoconazole, for example, is used prophylactically in the normal therapeutic dose of 400mg daily and liver function monitored. Nystatin is given systemically, rather than as a mouthwash, to prevent oral candidiasis spreading to the lungs.

The pharmacy is actively involved in organising clinical trials — calculating drug doses, monitoring renal function and changing the doses accordingly. Among the new drugs being tested are Astra's Foscamet, an anti-viral compound, and

Wellcome's DPHG which is being investigated for its activity against HIV as well as cytomegalovirus. A trial of AZT is being planned.

"The doctors tend to rely on us when deciding doses because we have the information on file from previous patients," says Janet. "AIDS patients tend to handle drugs differently and we see a wide range of adverse effects, maybe because we are more on the look-out for them and maybe because we are using high doses."

A compounding suite in the pharmacy provides an aseptic intravenous additive service for the wards and prepares the small syringes used to inject cytotoxics directly into the skin lesions of Kaposi's sarcoma.

If the vein access is poor, different drugs may be needed to be given in the same intravenous injection, which means the pharmacist has to be aware of incompatibilities as well as drug interactions.

While the pharmacy staff advise patients on how to take their medicines correctly, most advice on other aspects of living with AIDS is given by special counsellors in the hospital and support groups such as the Terrence Higgins Trust.

Motivated

"Although their drug regimens are complicated, we find that AIDS patients are more highly motivated than the rest of the population and are more likely to take in what they are told," Janet believes. "And because the other medical staff spend a lot of time counselling, we find patients are generally very well informed."

Keeping the drugs budget under control is difficult because of the expensive treatments and the unpredictable nature of the disease. It's hard to identify an average AIDS patient because one might be in hospital five days, another five months, and their disease courses can differ widely. The department's service is likely to be recognised shortly by the hospital management team who are considering increasing the staffing level.

Despite the heavy workload, there are compensations. Says Janice: "The project has been quite exciting because it's been one of the few occasions where doctors and pharmacists have been working closely together right from the start. The pharmacy's drug information and ward pharmacy service has been in the lead and this has done much to publicise the advisory role of the pharmacist in patient care."

Drug treatment used in AIDS

A variety of drugs is used in the treatment of infections associated with AIDS. The following outline of the most commonly used drugs has been compiled by pharmacist Tony Carson, University College Hospital, London, and Christine Miles, principal pharmacist Harold Wood Hospital, Essex.

Protozoal infections

1. *Pneumocystis carinii* pneumonia (PCP)

The first line treatment is *cotrimoxazole* — 20mg/kg daily (of *trimethoprim*), IV or oral, for 21 days in four divided doses. If used IV, must be diluted 1 in 25 in either 5 per cent dextrose or normal saline. Prophylaxis — 5mg/kg daily orally (of *trimethoprim*).

Up to 80 per cent of AIDS patients will probably develop side effects including cytopenias — leukopenia and thrombocytopenia — and rashes, usually on days 9-12. Any one receiving high-dose *cotrimoxazole* should have daily white blood cell and platelet counts.

There is evidence that *folinic acid* should be given prophylactically with *cotrimoxazole* at a dose of 15mg per day. If leukopenia has already occurred, use 15mg every 6 hours for 48 hours (or until response occurs), then decrease to 15mg per day. However, there have been suggestions that *folinic acid* can cause PCP to proliferate.

The second line treatment is *pentamidine*. Care should be taken as to which salt is used. In this country only the mesylate is available; most literature refers to the isethionate. There is some confusion as to the dosage. Many authorities recommend 4mg/kg daily of the isethionate, equivalent to 2.3mg/kg daily of the base or 3.6mg/kg daily of the mesylate. However, the WHO quotes the dose as 4mg/kg daily of the base. It should be given IM or as a slow IV infusion over 60 minutes to avoid serious hypotension.

Renal toxicity, abnormal liver function tests, hypoglycaemia, hypocalcaemia and pain at injection sites are all common, so there should be daily urea and electrolyte, blood sugar and creatinine measurements.

Other drugs which have been tried in PCP, with varying degree of success, are *Fansidar* (1 tablet per week for prophylaxis); *dapsone* (100mg daily in divided doses, with concurrent *cotrimoxazole*); and *difluoromethyl ornithine* (DFMO).

2. Toxoplasmosis

Various regimes can be used: —

Fansidar (*pyrimethamine* 25mg, *sulfadoxine* 500mg) — 2 tablets twice daily,

The doses given are only guidelines and should be adjusted according to individual patients. It is important to remember that AIDS patients experience a higher incidence of side effects to many drugs. It must also be borne in mind, when calculating weight dependent doses, that AIDS patients lose weight quickly.

for 3 weeks, followed by a reducing dosage to a maintenance of 1 tablet per week (for life). *Folinic acid* may be given to bypass *folinic acid* blockage.

Pyrimethamine 25mg daily and *sulfadiazine* 1-1.5mg orally every six hours for 6-8 weeks. *Folinic acid* may be given concurrently.

In both the above, rashes and bone-marrow suppression are common, particularly in patients receiving phenytoin as well. In these situations, 50mg *pyrimethamine* should be given each day by itself.

Clindamycin may be used as an alternative to *pyrimethamine* when neutropenia occurs, and when the toxoplasmosis affects the retina. 300mg (as the hydrochloride or palmitate salt) orally four times daily and *sulfadiazine* 1g four times daily for 4 weeks provides coverage. Improvement usually results within 10 days of treatment.

3. Cryptosporidiosis

No recognised treatment has been shown to be effective, therefore supportive treatment — nutritional and rehydration — must be given when there is chronic diarrhoea. Several drugs have been tried — *Spiramycin* (1g orally, three or four times daily); *dioxanide furoate* (500mg orally three times each day); and *DFMO* (3-9g/sq m daily oral or IV; used with a degree of success in USA).

Fungal infections

1. *Candida albicans*

Oral candidiasis — *Nystatin suspension* up to 500,000 units 4-6 times daily swilled in mouth and/or *amphotericin* lozenges 1 or 2 four times daily. If still not controlled, use

ketoconazole 200mg once/twice daily for 10 days. *Nystatin* or *amphotericin* can be used for prophylaxis which is desirable.

Oesophageal candidiasis — *Ketoconazole* 400mg orally daily. (Liver function tests should be monitored and the condition continually assessed).

Disseminated candidiasis — *Amphotericin B* 0.6mg/kg daily IV as a slow infusion over six hours.

Candidal pneumonitis — *Amphotericin B* 1mg/kg daily IV. *5-Flucytosine* orally up to 200mg/kg daily. (Care in renal impairment).

Candidal infection of CNS — *Amphotericin B* 1mg/kg daily IV. *5-Flucytosine* up to 200mg/kg daily orally.

Transient candidal fungaemia — Low dose *amphotericin B* 0.3mg/kg daily IV for 7-14 days.

3. Cryptococcus

Usually presents as a form of meningitis, but can present as pneumonia.

Amphotericin B IV infusion 0.4-0.6 mg/kg daily, for 10 weeks (can be as high as 1mg/kg daily, but side effects may outweigh therapeutic benefit). *Amphotericin B* IV 0.3mg/kg daily and *flucytosine* 150mg/kg daily orally in four divided doses for six weeks. *Ketoconazole* 400mg daily.

Maintenance therapy is recommended to prevent relapse. *Amphotericin B* IV 100mg weekly or 40mg twice weekly (long term side effects could be serious). *Ketoconazole* 400mg daily.

Viral infections

1. Cytomegalovirus

Can present as retinitis, colitis or pneumonia.

Phosphonoformate (*Foscarnet*) 0.08mg/kg/min (continuous infusion).

DHPG (9-(1,3 — Dihydroxy-2-Propoxy-methyl) guanine (*Ganciclovir*). 5mg/kg every 8 to 12 hours for 14 days (Infusion IV over 1 hour). *DHPG* is still only on clinical trial. Neutropenia is main adverse effect; others include abnormal liver functions, eosinophilia, decreased platelet counts, nausea, headaches.

Acyclovir IV 500mg/sq m three times daily for seven days; probably not very effective.

2. Herpes simplex

If severe, *acyclovir* 5mg/kg IV every 8 hours by slow infusion over 1 hour. If less severe, 200mg five times daily orally. Prophylaxis, 200mg/400mg four times daily (care in renal impairment).

3. Herpes zoster (shingles)

Acyclovir 10mg/kg every 8 hours by slow infusion over 1 hour; or oral *acyclovir* 200mg five times daily for 10 days.

KEY MESSAGES IN THE AIDS CAMPAIGN

1. AIDS is fatal and incurable.
2. While the infection spreads rapidly among certain groups, much of the fear about AIDS is out of proportion to the chances of catching it.
3. The main ways of becoming infected are through sexual contact or by transfer of blood from an infected individual. Babies can also be infected by the mother before or during birth.
4. The human immune deficiency virus (HIV) responsible for AIDS does not live long outside the body and cannot be transmitted in the air or by touch.
5. The main groups to have been infected so far are homosexual men, bisexual men, drug abusers sharing needles and syringes, and haemophiliacs treated with infected blood products, although heat treatment of these products should now have eliminated this risk.
6. It can take several years between catching the infection and becoming ill with AIDS. The average is five. In the UK it is believed that at least 30,000 people have been infected and are capable of transmitting the virus, of whom 25-30 per cent or even more may develop the disease.
7. The virus can pass from an infected woman to a man and from an infected man to a woman, through semen and vaginal fluid, and there is concern that the disease will spread rapidly through the heterosexual population if action is not taken.
8. The more sexual partners a person has, the greater the risk. The AIDS campaign advises sticking to one faithful partner and, if this is not possible, always using a condom.
9. Drug misusers should not inject drugs but, if they can't stop, they must not share equipment.

Bacterial infections

1. **Mycobacterium avium-intracellulare**
Much more common in AIDS patients in USA than UK. Five or six drug regimes usually recommended: *ethambutol* 25mg/kg daily orally for 6 weeks then 15mg/kg daily; *streptomycin* 0.75-1.0g (as sulphate) daily IV for 2 months then 2-3 times a week; *clofazimine* 300mg orally daily in three divided doses; *ethionamide* 500-1000mg orally daily in 1-3 divided doses; *rifampicin* 600mg orally daily; or *ansamycin* 150-300mg orally daily.

2. **Mycobacterium Kenopi**
Multi-drug therapy as in tuberculosis.

Neoplasms

Kaposi's sarcoma
With local skin lesions mainly radiotherapy.
In disseminated skin lesions — *Alpha interferon* 36Mu/sq m daily IM for 3 months followed by thrice weekly; *vincristine* 1-4mg/sq m weekly for 4 weeks then every other week.
In disseminated visceral lesions — *alpha interferon*, radiotherapy, *vincristine*, *etoposide*.
In later stages a six drug combination has been tried: *adriamycin*, *vinblastine*, *bleomycin*, *dactinomycin*, *vincristine* and *dacarbazine*.

SOURCES OF INFORMATION

The **Healthline** telephone service gives general information on AIDS (01-981 2717, 01-980 7222, or outside London 0345-581151 charged as local call). A recorded message supplies further numbers to ring to hear tapes on safer sex for homosexuals and heterosexuals, and other aspects.
The **Health Education Council** leaflet, "AIDS: What everyone needs to know," which will be distributed through pharmacies in the New Year, is available from Department A, PO Box 100, Milton Keynes MK1 1TX.
The **Terence Higgins Trust**, BM AIDS, London WC1N 3XX, runs an AIDS helpline with a trained counsellor giving advice (01-833 2971, 7-10pm weekdays, 3-10pm weekends). The Trust can also supply a range of leaflets on the disease, including advice on safer sex, and cards for pharmacists to give drug misusers.
Gay Switchboard (01-837 7324) operates

24 hours a day and can put callers in touch with **Body Positive**, an organisation which counsels those found HIV antibody positive.
The **Standing Conference on Drug Abuse**, 1/4 Hatton Place, Hatton Garden, London EC1N 8ND (01-430 2341), is preparing a leaflet for pharmacists to give drug addicts.
The **Haemophilia Society**, 123 Westminster Bridge Road, London SE1 7HR. (01-928 2020).
The **Department of Health AIDS Unit**, Alexander Fleming House, Elephant and Castle, London SE1 6BY (01-407 5522), can supply information and guidance notes for dealing with infected patients.
The **Scottish AIDS Monitor**, PO Box 169, Edinburgh EH1, can supply free leaflets and runs a advice line on 031-558 1167 (7.30-10pm, Monday, Tuesday, Thursday, Friday).
Welsh AIDS Campaign, 3-4 Guildford Crescent, Cardiff, South Glamorgan.

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End of drug store growth in sight, say Vestric...

There are signs that the rapid growth of drug stores is running out of steam, according to Vestric's managing director Peter Worling. He told industry representatives at a recent OTC suppliers conference: "One step forward could have been the opening of a dispensary, but this route will not be open to them under the latest NHS (Amendment) Act."

Food chains were becoming interested in pharmacy, following the American trend, Mr Worling claimed. "The stores stay open late, the customers can leave the script while shopping. More important, the pharmacy enhances the health and beauty sector and increases traffic flow. These reasons are valid in this country and will mean that food will look to drug as a way forward if the Act allows them to."

The new legislation would also mean that the expanding small chains will be encouraged to buy existing pharmacies instead of opening new ones, so the number of premises will stabilise.

Vestric had three ways to tackle developments in community pharmacy. The first was their marketing muscle spearheaded by Vantage; the second the service provided to manufacturers through the Dataphase and Dataphial information networks; and lastly the support given to customers through Link. Vestric was on the leading edge of progress in these areas, said Mr Worling.

"The greatest problem that the smaller wholesale distributor will have to face is to be able to finance the constant change in computer developments," he warned.

"During 1987 Vestric will invest £2m in mainframe development, enabling us to

receive up to 60,000 order lines an hour and move up to a new level of technology."

Computer developments for 1987 include an EPoS-type package with a cash register and EAN bar code reader. The dispensary program will be able to run concurrently with the front shop ECR. Provision of live sales data is planned.

Mr Worling saw no short term problems in handling pharmaceuticals, and future plans were designed to increase capacity. "The problem will be keeping up with the increase in distribution needs for



"You can't hold a candle to Vestric," suggests MD Peter Worling

bulk products," he said. A reorganisation of the Luton warehouse will improve deliveries in the South East and London.

The Preston depot is being extended by 10,000 sq ft and plans are being drawn up for Glasgow and Bristol. The pressure on wholesalers to cut handling costs will continue to increase, said Mr Worling.

The inclusion of wholesaler representatives in the Pharmaceutical Distribution Working Group was the first



Vestric's OTC supplier of the year Bob Rivers (left) from Robinsons of Chesterfield, is presented with a shield from Mr Worling

time wholesalers had been able to present their case to Government, said Mr Worling. "The timetable to report has been significantly exceeded because of the complexity of the subject, which I do not believe the DHSS understood," said Mr Worling. "I hope this will not lead to hasty decisions or a lack of consideration of the many important points raised."

■ Roger Jeavons, group products and promotions manager, said Vestric's OTC sales have increased by 25 per cent over the past year, making the total increase over the last five years over 100 per cent. The Vestric national promotions magazine is to be mailed out earlier to ensure it reaches customers well in time for them to make use of the next month's offers. Broadsheet promotions will be mailed separately some time at the end of the previous month.

■ The £1m advertising campaign this year featuring the Walton sextuplets was part of a five year plan to establish Vantage as a recognisable trading group for independent pharmacists, said marketing manager Alan Turner.

■ Vestric plan to increase their customer base and the number of Vantager members, said marketing director David Taylor. And the number of new accounts had risen by 250, and the number of Vantage members by 200 to 2,250 — 3,250 pharmacies are now using Link.

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Development risk defence comes under attack

The Government is coming under strong pressure in the House of Lords to remove the development risks defence from the Consumer Protection Bill.

Although the Bill was given an unopposed second reading on Monday, peers, mainly on the opposition and cross benches, gave notice that they will seek either to either limit or exclude the defence during its committee stage.

Lord Williams of Elvel, chief Labour spokesman in the debate, led the way in expressing fears that if the provision were allowed to remain, it would provide a loophole through which "another Thalidomide disaster might easily slip". He was unimpressed by Government claims that the removal of the defence would stifle innovation, and asked how it had been stifled in the pharmaceutical industry in Germany, where such a position had already been established.

Making it clear that the Government would resist attempts to remove the defence, Lord Lucas of Chilworth, Under Secretary of Trade and Industry, denied that it could lead to Britain becoming the guinea pig of Europe. He explained that it would be for the producer to prove that the state of science and technological

knowledge at the time he sold the product was not efficient to expect discovery of the defects in question.

Lord Lucas stressed: "This will not be easy to prove. It will not be sufficient for the producer to point to any testing difficulty he might have encountered or even that he had complied with national standards, or followed procedures adopted by other manufacturers". The producer would have to prove to the court that "he took all the steps that he might reasonably have been expected to take and that the state of scientific and technical knowledge would have allowed him to take". Anything less, he stressed, would not be a defence.

Baroness Fisher of Rednal (Labour) said the National Pharmaceutical Association had raised a particular difficulty regarding the dispensing pharmacist. She said under the medical regulations, pharmacists had to put their name on the product.

Lady Fisher said: "It is not a correct interpretation to say that they are responsible because they have put their name on the product, and have held themselves out as the producer. It would be possible quite easily to identify the true manufacturer of the product."

VAT threshold may go up

Increasing the VAT threshold to £25,000 will be one of the options considered by the Chancellor when he frames his Spring Budget.

This was made clear by Mrs Margaret Thatcher, the Prime Minister, in the Commons on Monday when she said that the meeting of the European Council in London over the weekend had endorsed

the principle of the EEC Commission's proposals both to simplify VAT and to make it possible to lift the threshold for small businesses up to about £25,000.

She stressed that the Council's decision was not mandatory; it would be for the Chancellor to decide. Mr John Watts (Con) insisted that the proposals did not go far enough, and contended that even with a threshold of £50,000 the loss of revenue would be "minimal".

The present threshold of a turnover of about £20,000 is higher than some other countries in the Community.

Beatson buy

Beatson Clark have announced the conditional acquisition of Unit Moulders Ltd and associated companies — which consist of several private companies linked by common shareholders — for £3m.

The deal will be financed by £1.5m cash and £1.5m from one million new ordinary shares in Beatson Clark. Unit

manufacture plastic injection moulded items for toiletry industry. There will be no significant duplication in their products.

Unit operate from several leasehold premises in Watford and Chesham, and currently employ about 120 people. Mr N.H. Pheasant, who co-founded the business in 1963, will remain within the group, as will Unit's other senior executive directors. Turnover has increased from £4.84m in 1982 to £6.2m in 1986, with pre-tax profits up from £89,000 to £425,000.

A fresh look at seaweed

An Australian drug firm and a UK biotechnology company have joined forces to develop a method of producing chemicals from algae.

Cambden Pharmaceuticals in Australia and Biotechna in the UK, signed the agreement this week at Victoria House in London. Biotechna have developed an improved system for growing a range of algae, seaweed and plant cells and then harvesting products such as gamma linolenic acid, beta carotene, agar, arachidonic acid and various food dyes. This technology is to be shared with Cambden Pharmaceuticals who plan to set up a plant at their new facility being built at Werribee, Australia.

The so-called photobioreactor in which the algae are grown, known as a 'Bio-coil', is still being developed by Biotechna. The company expects to be in production in about a year. The first commercial product will probably be gamma linolenic acid. Cambden's director pharmacist Bruce Wallace, formulated Psorin, now marketed in the UK by Thames Laboratories.

The company is to be floated on the Melbourne stock market next year when it will be renamed Wallace Pharmaceuticals.

Hit for six

The Walton sextuplets have brought three times more sales than expected to AAH in the Vestric Vantage promotion launched last Spring.

Announcing half yearly results to September 30, chairman Bill Pybus said the wholesaling sector had seen sales of £302.8m — 17 per cent ahead of 1985 — and added that the campaign had helped AAH capitalise on "the weakness of a significant competitor".

Overall the group has seen pre-tax profits of £8.78m — 28.9 per cent up on last year. AAH are now giving out half-yearly figures instead of nine months' results to December 31.

Macarthy Medical are to buy their requirements for standard and generic products from Fisons Pharmaceuticals in new trading links between the two companies. They will also set up links between CP Pharmaceuticals' sites at Wrexham and Leicester with Macarthy's manufacturing facilities at Skipton and Romford.

New blow to fake trade

A new move in the battle against counterfeit goods means the traffic could be stopped from reaching the EEC.

The Internal Market Council in Brussels — chaired by trade minister Alan Clark — has agreed to let Customs officers seize any suspect consignments. They will then have the power to destroy the goods or get rid of them. The regulation comes into effect on January 1, 1988.

Any trademark owners will be able to apply to national customs authorities to have checks made for a fee on suspected goods. The regulation now has to come before the British Parliament.

These measures were first suggested in a European Commission report and taken up by the European Parliament earlier this year (see *C&D* April 12, p729). They were welcomed by UK anti-counterfeit groups, but not thought to go far enough, since they only deal with goods coming from outside the Community.

Figures given out by the European Parliament put trade in counterfeits at over £40 billion and estimate some 100,000 jobs lost because of it.

Nappy days

Another nappy firm is to open a new factory in the UK.

Celatose are bringing a £7m plant to Blackwood to produce own-label disposable nappies, says the *Financial Times*.

Peaudouce recently announced plans for their first UK factory — a £10m plant in Telford (see *C&D*, November 22, p908).



Taylor of London chief executive, Tony Shelton-Smith, presents a basket of the firm's "floral fragrances" to Princess Anne, at the Beautiful Britain in Bloom Awards finals in London

Transfer pricing: another look?

A hint that the Government may be taking a further look at transfer pricing was given by Health Minister Tony Newton this week.

He said that the revised Pharmaceutical Price Regulation Scheme provided a basis for negotiation on transfer pricing, and the costs of R&D.

Mr Newton, speaking at a dinner to celebrate Sandoz's 75th anniversary said the Government would continue to encourage the establishment of research centres and to maintain them. "But, there is a limit to the amount of R&D expenditure that the NHS can bear," he said. He congratulated Sandoz on their research centre at University College London, and the co-operation it represented between academia and industry.

□ Opposition health spokesman Mr Michael Meacher has asked the Minister if he will publish the Binder Hamlyn report on transfer pricing. In a Commons written reply, Mr Newton said it was for internal use and guidance only.



November was Sid's month, when investors hoarded their cash in anticipation of the £5.6 billion flotation of British Gas and the market went sideways. Once the price was set at 135p a share there was a sigh of relief, and in the following week the market rose 18 points to end the month at 1292.2.

By the end of the month the omens for the largest privatisation yet looked good. Before the bulk of applications had been received, British Gas partly paid shares were trading at 67p in the unofficial market, suggesting a 17p premium when dealings begin on the main market.

While Sid was pondering on this, the City was shaken by revelations of insider dealing from both sides of the Atlantic. Geoffrey Collier of Morgan Grenfell resigned after he admitted dealing for his own gain ahead of a takeover bid his firm was involved in. And, more dramatically, Ivan Boesky, a Wall Street arbitrageur, was fined \$100m for insider dealing on a huge scale. The reverberations of his downfall will be felt for a long time as he has effectively shopped a number of his colleagues who will also face fines or imprisonment for their offences.

The revelations took the froth off both the Wall Street and London markets and there was even talk that the days of the large takeover were numbered. No sooner had this been suggested than BTR, the huge conglomerate that has successfully revived Dunlop and Thomas Tilling, launched a £1.2 billion bid for Pilkington, the St Helens glass maker, who are fighting off the bid with the support of their local workforce.

Rumours continued to circulate about Grand Metropolitan, who own Watney Mann & Truman, Berni Inns and a host of other well known names. The theory is that Grand Met's parts are worth more than the whole and could be made to perform better in smaller units. A takeover is therefore widely expected.

The surprise of the month was the sudden intervention by Robert Maxwell in the battle for AE, the motor components group, which was fighting off a bid from Turner & Newall. Mr Maxwell was welcomed with open arms by the AE management and looks set to become an important force in engineering.

Courtaulds, the textile company run by Christopher Hogg, demonstrated the extent of their recovery when they announced a 36 per cent increase in pre-tax profits to £82m, having made virtually nothing five years ago. The company is now expanding and its shares at 323p should prove a worthwhile investment.

COMING EVENTS

Monday, December 15

Liverpool branch, Pharmaceutical Society and Liverpool Chemists' Association. 8 pm, in the Duncan Building, Royal Liverpool Hospital, annual Christmas Lecture, Dr M. Gluyas, Salford University, on "Adventures in light and sound". Family and friends welcome.

Advance Information

Chemical Industries Association Ltd. Business Outlook conference, January 15-16 1987, The Café Royal, London. Details from Mrs M. S. Wright, Chemical Industries Association Ltd, Alembic House, 93 Albert Embankment, London SE1 7TU.

Royal Society of Chemistry. joint meeting of the microchemical methods group and the South-East region of the analytical division, "Quality control — why bother?", January 21 1987 at Savoy Tavern, Savoy Street, London WC2, 6.30 pm.

Society of Cosmetic Scientists. teach-in on "The soft touch; evaluation of texture for cosmetics and

toiletries", on January 27-28, 1987 at the Stakis Inn on the Avenue, Cardiff. Details from the general Secretary, Society of Cosmetic Scientists, Delaport House, 57 Guildford Street, Luton, Beds LU1 2NL. **The College of Pharmacy Practice.** Scottish study day on Nuffield, product liability, and OPD, February 8 1987, at Gledloch Country Club, Langbank. Cost £10 members/students, and £12.50 non-members. Details from B.C. Montgomery, Vale of Leven District General Hospital, Alexandria, Dunbartonshire G83 0UA.

Retail Profitability '87 Conference. February 17-19 at Bloomsbury Crest Hotel, London, covering software, communications and marketing. Exhibition. Details from the Retail Management Development Programme, 61-63 Ship Street, Brighton, Sussex BN1 1AE.

Gifts '87. February 22-26, at Brighton's Metropole Exhibition Centre. Details from exhibition manager, Gifts '87, Reed Exhibitions, Surrey House, Throwley Way, Sutton, Surrey SM1 4QQ.

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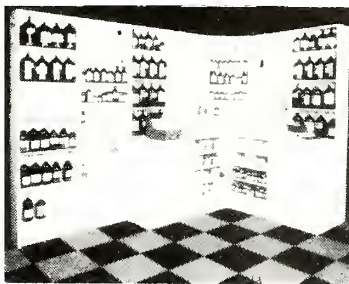
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Booth joins CSM

Pharmaceutical Society president Dr Geoff Booth has been appointed to the Committee on Safety of Medicines. His term starts on January 1, 1987, and runs for three years.

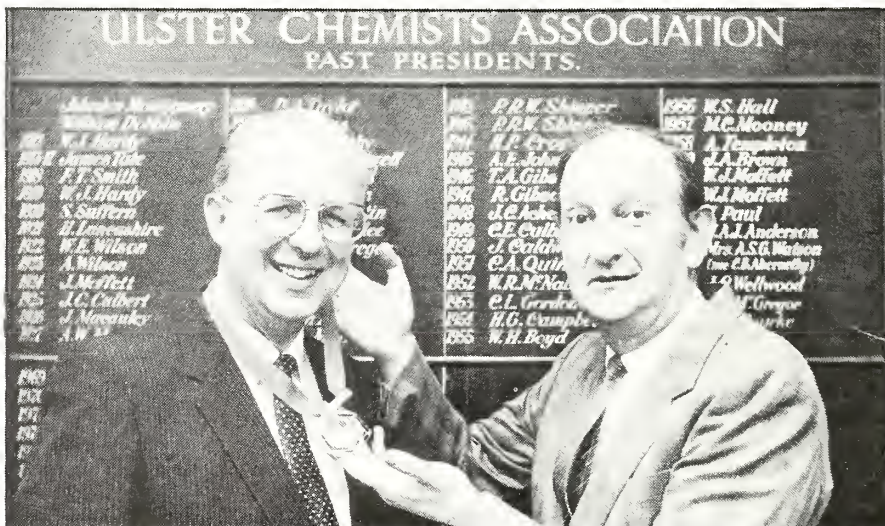
Mr William Darling, a retail pharmacist and chairman of South Tyneside Health Authority, has been appointed to the Committee on the Review of Medicines for a similar period.

Deasy does it!

Dr Patrick Deasy, president of the Pharmaceutical Society of Ireland, has won the country's first ever scientist of the year award from the National Board of Science and Technology.

Dr Deasy is a senior lecturer in pharmaceuticals at Trinity College, Dublin, and according to a report in the *Irish Times*, is unsure why he won the award, although he believes it stems from his willingness to seek commercial work for his research students.

His area of expertise is drug delivery systems. Over the past year he estimates up to £250,000 of research funding from pharmaceutical companies has been funnelled through his department. He has recently won approval for the establishment of a campus based research company, to serve the mutual interests of both industry and the university.



Mr Robin E. Holliday BSc, MPS (left), being installed president of the Ulster Chemists' Association by the outgoing president Mr Denis Dougherty, MPS. Mr Holliday, who runs the business of Nelson's medicine hall, graduated from Queen's University, Belfast in 1957. He has previously worked in England for eight years, initially as a pharmacist with May & Baker, and as a community pharmacist in Bedford. He is a keen Rotarian and is involved with community service. His interests include being a governor of Wallace High School, Lisburn, and a director of Belfast Civic Arts Theatre.

Pharmacist to the top in Lincs

The North Lincs Health Authority has made a pharmacist the pharmaceutical services manager.

He is Mr David Libiszewski who is currently Macclesfield district pharmaceutical officer.

In June, the authority aroused concern when it invited applications from non-pharmacists as well as pharmacists for the post. Following the Pharmaceutical Society's intervention the authority agreed to re-advertise the post with more emphasis on the wish to appoint a

pharmacist with the necessary managerial skills and experience. There were 26 applications for the post, including five non-pharmacists. It is understood that the pharmacist appointed will have district-wide responsibilities.

Mr Libiszewski has worked at Parkside Hospital for 12 years and takes up his new post on February 7, 1987.

New post at Boots

Boots are appointing Ennis Bosworth to the newly created post of industrial marketing director.

This will involve responsibility for all marketing, rather than two executives handling consumer products and pharmaceuticals separately. The company says the creation is designed to strengthen its manufacturing management.

The changes are thought to have been promoted by the retirement of the director of consumer products marketing, Ken Robinson. It has also affected Crookes Products, Boots OTC medicines specialist, where Kevin Wilson, head of sales, is promoted to the new post of head of sales and marketing.

Unichem: members John Mason and Malcolm Soloway have been appointed to Unichem regional committees. Mr Mason, who for 25 years has run his own pharmacy in Herne Bay, Kent, joins the London South committee, while Mr Soloway, who for 10 years has run his own pharmacy in Ealing, West London, joins the London North committee.

Bronnley Ltd: John Hawkins is now Midlands area manager and Paul Noriaka area manager central London from January 1.



Pharmacist Christopher Fell, fourth generation of one of England's oldest pharmacy families, celebrates with friends at his retirement from his Saffron Waldon chemist after 20 years. Mr Fell (right), who was born in Liverpool, where his great-grandfather was a founder member of the city's Pharmaceutical Society branch, is pictured here with friends Mr Skyring, a local policeman, Mr Elliot and ex-pharmacy assistant Mrs Pugh.

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USES

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Tamoxifen is an anti-oestrogenic drug which binds to oestrogen receptors preventing the stimulating effects of oestrogen on nucleic acid synthesis. The metabolites of tamoxifen are also anti-oestrogens.

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(1) Breast cancer:

The daily dose is 20-40mg. Tamofen 10 tablets should be given in divided doses (i.e. twice daily). Tamofen 20 and Tamofen 40 may be given as a single daily dose.

(2) Anovulatory infertility:

In women with regular menstruation but anovulatory cycles, treatment should start with 20mg per day given on the second, third, fourth and fifth days of the menstrual cycle. If treatment is unsuccessful, further courses may be given during subsequent menstruation periods, increasing the dosage to 40mg, and then 80mg daily.

In women with irregular menstruation, treatment can be initiated on any day. If there are no signs of ovulation, a subsequent course of treatment may be started 45 days later, at the higher dosage level increased as necessary (40mg or 80mg daily). If a patient responds with menstruation then the next course of treatment is started on the second day of the cycle. Tamofen 10 tablets should be given in divided doses (i.e. twice daily). Tamofen 20 and Tamofen 40 may be given as a single daily dose.

CONTRAINDICATIONS, WARNINGS, etc.

Contraindications: Pregnancy.

Precautions: Tamoxifen may be given to pre-menopausal women only after thorough examination has excluded the possibility of pregnancy.

Adverse effects: Side effects are generally mild. The following effects have been reported – hot flushes, mild nausea, mild thrombocytopenia and leucopenia.

Occasionally occurring side effects are vaginal bleeding, pruritus vulvae, skin rash, fluid retention, gastro-intestinal pain, pain from metastases and tumor pain.

Deep hemorrhages have occurred and with large doses of tamoxifen (160-200mg per day) toxic effects on the retina have been reported. (Corneal and macular changes resulting in blurred vision have been described in a small number of cases treated continuously with these large doses for long periods.)

In breast cancer patients, temporary reductions in platelet count (usually to 80,000-90,000 but sometimes lower) have been observed during treatment with tamoxifen. The platelet counts have recovered during treatment and no haemorrhage tendency has been reported.

Hypocalcaemia has been reported in patients with bone metastases.

The adverse reactions can sometimes be controlled by a reduction of dosage.

In a proportion of pre-menopausal women treated for breast cancer, there is a suppression of menstruation; reversible cystic ovarian swelling has occasionally been observed in this group of patients receiving 40mg tamoxifen twice a day for short periods.

Treatment of overdose: Overdosage causes anti-oestrogenic effects. In animals, extremely high doses (over 100 times the recommended daily dose) have caused oestrogenic effects. There is no specific antidote to overdosage, and treatment should therefore be symptomatic.

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Storage: Protect from moisture and heat (store below 25°C).

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